

## **HUALAPAI HOUSING DEPARTMENT COVID-19 HOMEOWNER ASSISTANCE FUND POLICY**

### **SECTION I. PURPOSE**

- A. This Homeowner Assistance Fund Policy ("Policy") shall govern the Hualapai Housing Department ("HHD") Homeowner Assistance Fund ("HAF Program") and the expenditure and management of the Homeowner Assistance Funds ("HAF Program Funds") received from the U.S. Treasury pursuant to Section 3206 of the American Rescue Plan Act of 2021, P.L. No. 117-2 (March 11, 2021).**
- B. The first case of COVID-19 was detected in the United States on January 21, 2020. The Secretary of the U.S. Department of Health and Human Services declared the public health emergency for COVID-19 on January 31, 2020. An emergency declaration was issued on March 13, 2020, pursuant to section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5191(b).**
- C. Notwithstanding any provision set forth in any other HHD Policy, receipt of assistance from the HAF Program established under this Policy shall not make the Recipient or Recipient family eligible or ineligible for assistance under any of the regular HHD policies.**
- D. Nothing in this Policy shall be construed to invalidate any otherwise legitimate grounds for eviction.**
- E. Assistance to be provided under the HAF Program is subject to availability of funds. No applicant or household determined to be eligible is entitled to or has a property right to receive funding under the HAF Program. When funding for the HAF Program is fully expended, the HAF Program will terminate. HHD may terminate this Program at any time.**
- F. This Policy is based, and the HAF Program will be carried out, in reliance upon the April 14, 2021, guidance document from the Department of Treasury (entitled "Homeowner Assistance Fund Guidance"), along with any future modification, clarification, or supplementation which Treasury may provide. This Policy and the administration of the HAF Program will be subject to change if and when additional guidance is provided.**

## **SECTION II. DEFINITIONS**

**General:** The following definitions shall apply to this HAF Program Policy.

**A. "100% of the area median income"** for a household means two times the income limit for very low-income families, for the relevant household size, as published by the Department of Housing and Urban Development (HUD) in accordance with 42 U.S.C. 1437a(b)(2) for purposes of the HAF Program.

**B. "100% of the median income for the United States"** means the median income of the United States, as published by HUD.

**C. "150% of the area median income"** for a household means three times the income limit for very low-income families, for the relevant household size, as published by HUD in accordance with 42 U.S.C. 1437a(b)(2) for purposes of the HAF Program.

**D. "Applicant"** means a homeowner who applies for financial assistance pursuant to this HAF Program Policy.

**E. "HHD"** means the Hualapai Housing Department.

**F. "Conforming loan limit"** means the applicable limitation governing the maximum original principal obligation of a mortgage secured by a single-family residence, a mortgage by a 2-family residence, a mortgage secured by a 3-family residence, or a mortgage secured by a 4-family residence, as determined and adjusted annually under section 302(b)(2) of the Federal Mortgage Association Charter Act (12 U.S.C. § 1717(b)(2) and section 305(a)(2) of the Federal Home Loan Mortgage Corporation Act (12 U.S.C. § 1454(a)(2)).

**G. "COVID-19"** refers to the viral disease caused by the novel coronavirus known as SARS-CoV-2.

**H. "Dwelling"** means any building, structure, or portion thereof that is occupied as, or designed or intended for occupancy as, a residence by one or more individuals.

**I. "Eligible entity"** means (1) a state, (2), the Department of Hawaiian Home Lands, (3) each Indian tribe (or, if applicable, the tribally designated housing entity of an Indian tribe) that was eligible for a grant under Title I of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. § 4111 *et seq.*) for fiscal year 2020, and (4) any Indian tribe that opted out of receiving a grant allocation under the Native American Housing Block Grants program formula in fiscal year 2020.

**J. "Eligible Homeowner"** means a homeowner that meets the eligibility requirements provided for in this Policy.

**K. "Financial hardship"** means a material reduction in income or material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of Homeowner delinquency or default, foreclosure, loss of utilities or home energy services or displacement for a homeowner.

**L. "Indian Tribe"** means a tribe that is a federally recognized tribe or a "State recognized tribe" as those terms are defined in NAHASDA, 25 U.S.C. 4103(13).

**M. "NAHASDA"** means the Native American Housing Assistance and Self-Determination Act passed by the U.S. Congress in 1996.

**N. "Secretary"** means the Secretary of the U.S. Department of Treasury, except where otherwise indicated.

**O. "Socially Disadvantaged Individuals"** means those who have been subject to racial or ethnic prejudice or cultural bias because of their identity as a member of a group without regard to their individual qualities. The social disadvantage must stem from circumstances beyond their control. There is a rebuttable presumption that the following individuals are socially disadvantaged: Black Americans, Hispanic Americans, Native Americans, and Asian Americans and Pacific Islanders. In addition, an individual may be determined to be a socially disadvantaged individual in accordance with the procedures set forth in 13 C.F.R. § 124.103(c) or (d).

**P. "Treasury"** means the U.S. Department of Treasury.

**Q. "Tribal Member"** means a member of the Hualapai Tribal member.

**R. "Tribe"** means the Hualapai Tribe.

### **SECTION III. HOMEOWNER ASSISTANCE OVERVIEW**

**A.** HHD shall only use the HAF Program Funds to provide financial assistance to Eligible Homeowners to use for qualified expenses for the uses set forth herein and in accordance with the terms of this Policy.

**1. Application.** To participate in the HAF Program, a Homeowner must first submit a complete, written Application to HHD. This Application must include all information required by HHD, as described herein.

**2. Participation.** If an Applicant is approved for participation in the HAF Program, they must then submit information and supporting documentation each month for which they seek continued HAF Program Funds, unless such payments are to be provided for a 3-month period, for which the Applicant must provide such information for the 3-month period.

## **B. Qualified Expenses**

1. HAF Program Funds may only be used for the following types of qualified expenses that are for the purpose of Homeowners Rehabilitation/Addition to prevent overcrowding and Heating, Ventilation and Air Conditioning (HVAC) after January 21, 2020:

a. Payment assistance for:

1. Homeowner's arrears
2. Homeowner's Rehabilitation/Addition
3. Heating, Ventilation and Air Conditioning (HVAC)
4. Mortgage Payment Assistance.
  - a) Homeowners Insurance.
  - b) Hoa Fees or Liens.
  - c) Delinquent Property Taxes.
5. Homeowner's Internet Payment Assistance

b. Counseling or educational efforts by housing counseling agencies approved by HUD, or legal services, targeted to households eligible to be served with funding from the HAF Program related to foreclosure prevention or displacement, in an aggregate amount up to 5% of the funding from the HAF Program received by HHD;

**2. Duplication of Assistance.** An Eligible Homeowner that occupies a Dwelling for which that Homeowner is receiving or has already received other federal assistance may receive HAF Program assistance, provided that HAF Program Funds are not applied to costs that have been or will be reimbursed under any other federal assistance. To the extent feasible, HHD will ensure that any financial assistance provided to an Eligible Homeowner pursuant to the HAF Program Funds is not duplicative of any other Federally funded assistance provided to such Homeowner.

a. If an Eligible Homeowner receives homeowner assistance other than through the HAF Program, the HAF Program Funds may only be used to pay for costs that are not paid for by the other homeowner assistance. When providing HAF Program Funds, HHD must review the Eligible Homeowner's income and sources of assistance to confirm that the HAF Program Funds do not duplicate any other assistance, including federal, state, and local assistance provided for the same costs.

## **SECTION IV. ELIGIBILITY**

**A. Eligibility Requirements.** In order to be eligible to apply for the HAF Program, at the time the Applicant applies to the HAF Program, the Applicant must meet the following eligibility requirements:

1. The Applicant is a homeowner who has experienced a financial hardship after January 21, 2020 and have an income equal to or less than 150% of the area median income.

2. The Applicant attests to the nature of the financial hardship experienced after January 21, 2020. The attestation must describe the nature of the financial hardship (for example, job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member).

3. Hualapai Tribal members must be residing on or off the Hualapai Indian Reservation or off the reservation within the state of Arizona. A homeowners home must be primary home and occupied residence of Arizona.

**B. HAF Program Funds** received by an Applicant must only be used for qualified expenses set forth in this Policy that are related to the Dwelling that is used as the homeowner's primary residence.

**C. Income Determination.** In determining the Income of a household for purposes of determining such household's eligibility for assistance from the HAF Program Funds, HHD may use HUD's definition of "annual income" in 24 C.F.R. § 5.609 or use adjusted gross income as defined for purposes of reporting on Internal Revenue Service (IRS) Form 1040 series for individual federal annual income tax purposes.

1. **Documentation of Income Determination:** Applicant must provide sufficient information to HHD to enable HHD to have a reasonable basis under the circumstances for purposes of determining if the income eligibility requirements in (A) above are met. Two approaches for income verification are permissible: (1) the household may provide a written attestation as to household income together with supporting documentation such as paystubs, W-2s or other wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer; or (2) the household may provide a written attestation as to household income and HHD may use a reasonable fact-specific proxy for household income, such as reliance on data regarding average incomes in the household's geographic area. In implementing the HAF Program, HHD will avoid establishing documentation requirements that are likely to be barriers to participation for eligible households, including those with irregular incomes such as from a small business.

2. **Waiver or Exception to Documentation Requirement:** HHD may provide a waiver or exception to documentation of income requirement as reasonably necessary to accommodate extenuating circumstances, such as disabilities, practical challenges related to the pandemic, or a lack of technological access by homeowners; in these cases, HHD is still responsible for making the required determination regarding household income and documenting that determination.

## **SECTION V. APPLICATIONS FOR HAF PROGRAM**

**A. Participation Applications:** To participate in the HAF Program, an Applicant must first submit a complete, written Application on the forms provided by HHD, which are attached as Exhibits to this Policy. All information required to be on the forms must be completed, or the Application will be returned. Applications for the HAF Program must be submitted to HHD by mailing or dropping off the Applications to the following address:

Hualapai Housing Department  
Attn. COVID-19 HAF Program  
P.O. Box 130  
Peach Springs, Arizona 86434

or submit to [elaina.lee@hualapai-nsn.gov](mailto:elaina.lee@hualapai-nsn.gov) or [housing@hualapai-nsn.gov](mailto:housing@hualapai-nsn.gov)

**The Application must include the following information and supporting documentation:**

- 1. Applicant and Household Information.** Homeowners must submit applicant and household information as included in the Application Form. This form is attached as an Exhibit.
- 2. Financial Hardship.** Homeowners must attest that they experienced financial hardship after January 21, 2020. The attestation must describe the nature of the financial hardship (for example, job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member). This form is attached as an Exhibit.
- 3. Income.** Homeowners must have incomes equal to or less than 150% of the area median income.
- 4. Release of Information.** This form is attached as an Exhibit.

**B. Notification of Change of Eligibility.** Applicants are required to notify HHD in writing immediately whenever any determining factor of eligibility changes. This includes, but is not limited to:

1. No longer experiencing a financial hardship; or
2. Have an income that is equal to or less than 150% of the area median income.

### **C. Falsification and Investigation**

1. If it is discovered that an Applicant has falsified his or her Application, or otherwise abused the HAF Program, or if an Eligible Homeowner fails to notify HHD of changes to eligibility, the homeowner will be subject to penalties. Penalties will include ineligibility for continued participation in the HAF Program and repayment of the value of any benefit for which they were not eligible to receive. HHD shall have the right to seek such repayment through garnishment of the Recipient's per capita distribution or wages, if any.
2. HHD shall retain the right to conduct a follow-up investigation into any self-attestations submitted or regarding any other documentation, at its own discretion, if it determines that the reliability or accuracy of the information provided is in doubt.

### **D. Application Review**

1. The HHD staff member receiving the Application shall sign and date the Application when it is received at the HHD office.
2. **Preferences and Priorities.** Applications will be reviewed and processed as they are received. However, in anticipation of HHD receiving a substantial number of applications within a short period of time, with a finite amount of funding available, HHD shall review and process Applications for HAF Program Funds under this Policy according to the following order of preferences, and in accordance with the HAF Plan submitted to, and approved by, the Secretary.
  - A. Not less than 60% of amounts made available to HHD must be used for qualified expenses that assist Eligible Homeowners having incomes equal to or less than 100% of the area median income or equal to or less than 100% of the median income for the United States, whichever is greater, utilizing the following preferences:
    1. First preference will be given to socially disadvantaged Eligible Homeowners that have at least one family member (regardless of whether that member is an adult or head of household) who is a Tribal Member.
  - B. The remaining 40% of amounts made available to HHD will be prioritized to socially disadvantaged individuals utilizing the same preferences as set out in subsection (a), above.
3. **Approval of Applications.** HHD will notify Applicants in writing, within fourteen (14) days of HHD's receipt of the Application, of HHD's decision of whether the Applicant has been approved to receive HAF Program Funds.
4. **Denial of Application.** If upon initial review, HHD determines that the Applicant is not eligible or the request is outside of this Policy, or there are no longer any HAF Program

Funds available, HHD will notify the Applicant in writing of this determination, the applicable policies which support the determination, and the process of appeal (if allowed).

**a. Process of Appeal.** Any Applicant who is dissatisfied with a decision of HHD concerning eligibility of assistance, the level of benefit approved, or the type of services available, can appeal that decision to the Executive Director of HHD.

**b. No Appeal.** If the reason for the denial of the Application is that there are no longer any HAF Program Funds remaining, such denial is not subject to appeal.

#### **Program Services:**

##### **1. Homeowners House Payment (Arrearages):**

**Brief Description :** HAF will provide full or partial payment to homeowners unable to make full payments, owing to a continuing financial hardship resulting from the coronavirus pandemic. HAF funds may be used to reduce a homeowner's monthly loan payments for a period starting on 01-01-2020. HAF funds will only be used to supplement other loss-mitigation measures offered by the servicer or where HAF funds are necessary for the homeowner to qualify for other such loss-mitigation measures.

**Maximum amount of assistance per homeowner:** Each Homeowner will be eligible for up to \$2,000 through this program, apply only to the homeowner's primary residence. (The maximum amount of all combined program assistance granted by HHD through the HAF program elements will not exceed \$72,300 per homeowner.)

**Homeowner eligibility criteria and documentation requirements:** Same as General Eligibility Requirements, plus: HHD will make all funds for assistance available to households with annual household income that is at or below 150% of the Area Median Income, and 60% of these funds will be reserved and targeted for households that are at or below 100% of the Area Median Income. The following must apply:

- The HTM must be listed on the lease agreement/deed, and copies of these documents must be submitted.
- The HTM must provide a Tribal ID or verification of Hualapai Tribal enrollment.
- The HTM must provide copies of documents showing household income for all household members.
- The HTM must provide a statement of their present inability to resume homeownership payments, owing to unemployment, underemployment or other continuing hardship. Loan eligibility criteria specific to the program The HTM must provide a homeowner statement indicating delinquency and must be at least one month in arrearage.



## **2. Home Rehabilitation/Addition Assistance:**

**Brief Description :** Provide funds to cover renovation, repairs or additions to the homeowner's primary residence as necessary to restore the property to habitable condition or to prevent overcrowding.

HAF funds may be used to pay the cost of renovation, repairs or additions to address property conditions or overcrowding, including pre-development costs, necessary architectural or engineering fees, construction oversight, or other costs incidental but necessary to the completion of the eligible scope of work.

Grantee may utilize HAF administrative funds to provide technical assistance to the homeowner (e.g. identifying necessary repair work).

**Maximum amount of assistance per homeowner:** Each Homeowner will be eligible for up to \$40,000 through this program, apply only to the homeowner's primary residence. (The maximum amount of all combined program assistance granted by HHD through the HAF program elements will not exceed \$72,300 per homeowner.)

**Homeowner eligibility criteria and documentation requirements:** Same as General Property Eligibility Criteria Across All Programs plus:

- Property will continue to be the applicant's owner-occupied primary residence once the repairs are made.
- Properties that have outstanding violations may receive assistance if corrections are addressed before funding or are included in the scope of work funded by the program.

### **Eligible Property Conditions:**

- Housing deficiencies or conditions exist which may be hazardous to occupants/residents,
- Property has a code violation or other citation, or is in danger of being cited or condemned, without the necessary repair,
- Property is uninhabitable or condemned and the repair is necessary to make the home habitable, OR
- Home improvements are necessary to improve accessibility and help senior residents age in place.

### **The following must apply:**

- The HTM must be listed on the mortgage and deed, and copies of these documents must be submitted.
- The HTM must provide a Tribal ID or verification of Hualapai Tribal enrollment.
- The HTM Member must provide copies of documents showing household income for all household members.

**Form of assistance:** Assistance will be structured as a non-recourse grant.

**Payment requirements:** Payments may be made directly to the lender or servicer, as appropriate.

**3. Homeownership Expense Assistance, (Property Taxes, Insurance Costs, HOA, Condominium Fees and escrow shortages.**

**Brief Description:** The program will provide funds to resolve any property-charge default that threatens a homeowner's ability to sustain ownership of the property, whether concurrent with other-loss mitigation options offered by the loan servicer or in conjunction with other assistance programs. HAF funds may be used to pay past due property taxes, insurance premiums, HOA fees, condominium fees, or cooperative-maintenance or common charges that threaten sustained ownership of the property. These must be brought current by program assistance or resolved concurrent with the program providing assistance. Funds may also be used to pay property charges coming due in the 90 days following program approval.

**Maximum amount of assistance per homeowner:** Each homeowner will be eligible for the amounts listed below, for this program regarding the applicant's primary residence, including a dwelling to be made habitable so that it may serve as the homeowner's primary residence:

- Tax Arrearages--\$5,000.
- Insurance Payments--\$2,500.
- Condo / HOA fees--\$500.00
- Mortgage payment assistance --\$2,000.00

(The maximum amount of all combined program assistance granted by HHD through the HAF program elements will not exceed \$72,300 per homeowner.)

**Homeowner eligibility criteria and documentation requirements:** Same as General Eligibility Requirements, plus: HHD will make all funds for assistance available to households with annual household income that is at or below 150% of the Area Median Income, and 60% of these funds will be reserved and targeted for households that are at or below 100% of the Area Median Income. The following conditions must apply:

- The HTM must be the head of household.
- The HTM must certify that the home is owned by the tribal member.
- The Hualapai Tribal Member must provide a Tribal ID or verification of Hualapai Tribal enrollment.
- HTM Member must provide copies of household income for all household members.
- The homeowner must be at least one installment payment in arrears on one or more property charges including:

- Property taxes.
- Insurance: hazard, flood, wind premiums.
- HOA fees, condominium fees, cooperative-maintenance or common charges.
- The homeowner must provide current copies of statements or bills for each of the assistance items being requested.

**Loan eligibility criteria specific to the program:** N/A

**Form of assistance:** Assistance will be structured as a non-recourse grant.

**Payment requirements:** Payments may be made directly to the lender or servicer, as appropriate

#### 4. HVAC Assistance:

**Brief Description:** Provide funds to cover cost of Heating Ventilation and Air Conditioning (HVAC) or replace swamp cooler to the homeowner's primary residence as necessary to restore the property to habitable condition. Grantee may utilize HAF administrative funds to provide technical assistance to the homeowner (e.g. identifying necessary repair work).

HAF funds will only be used to supplement other loss mitigation measures offered by the servicer or where HAF funds are necessary for the homeowner to qualify for other such loss mitigation measures

**Maximum amount of assistance per homeowner:** Each Homeowner will be eligible for up to \$20,000 through this program with respect to the applicant's primary residence, including a dwelling to be made habitable so it may serve as the homeowner's primary residence. (The maximum amount of all combined program assistance granted by HHD through the HAF program elements will not exceed \$72,300 .)

**Homeowner eligibility criteria and documentation requirements:** Same as General Eligibility Requirements plus At the time HVAC replacement begins, homeowner is current on other secured home payment obligations, on an active payment plan or forbearance, and/or getting related HAF assistance for those obligations; Homeowner will be able to afford applicable payment necessary to sustain homeownership after replacement or repair is completed, based on a financial analysis established at the reasonable discretion of Grantee and Homeowner does not qualify for or has not been able to access affordable home repair financing (self-attestation of applicant's efforts will satisfy). Grantees may determine, based on reasonable analysis of homeowner needs data, that homeowners meeting certain criteria (e.g. income at or below a percentage of AMI) are presumed to meet this requirement without requiring homeowner attestation or documentation.

Indicate documentation requirements:

**Form of assistance:** The assistance will be structured as a non-recourse grant.

**Payment requirements:** Payments may be made directly to the lender or servicer, as appropriate.

#### 5. Homeowner's Internet Payment Assistance

**Brief Description:** Provide funds to resolve delinquent payments for internet access services. HAF funds may be used to pay delinquent amounts in full, including interest or reasonably required legal fees, under circumstances in which a delinquency threatens access to internet services. The provided assistance must bring the homeowner's account current. Funds may be used to pay prospective charges for up to the first 90 days following approval if the homeowner is unable to make such payments and (i) funds are not available from other utility assistance programs to cover these amounts and (ii) the homeowner indicates the financial ability to resume making such payments after the initial 90 day period. **Maximum amount of assistance per homeowner:** Each Homeowner will be eligible for up to \$300 through this program with respect to the applicant's primary residence.

**Homeowner eligibility criteria and documentation requirements:** Same as General Eligibility Requirements plus; Homeowner is at least one installment payment in arrears for Internet service, including broadband access service; Assistance sufficient to resolve the delinquency is not available from other assistance programs and, without HAF assistance, the homeowner is likely to lose service.

Indicate documentation requirements: plus: HTM must be listed on mortgage and deed and these documents must be submitted

- Hualapai Tribal ID or Verification of Hualapai Tribal Enrollment
- HTM Member must provide copies of household income for all household members.

**Form of assistance:** Assistance will be structured as a non-recourse grant.  
**Payment requirements:** Payments may be made directly to the lender or servicer, as appropriate.

**HUALAPAI TRIBE**  
**COVID-19 HOMEOWNER ASSISTANCE FUND (HAF)**  
**Mortgage Assistance and Utility Assistance Application**

*Applicants must submit this Form and supporting documentation that they seek Financial Assistance under the HAF Program. **All applications must be completely filled out for processing to begin.***

**Applicant does not need to have a mortgage in order to apply**

**\*FOR OFFICIAL USE\***

Date Submitted: \_\_\_\_\_

Received by: \_\_\_\_\_

1. Do you own the residence in which you are living? ☐ Yes ☐ No

2. Is this home your primary place of residence? ☐ Yes ☐ No

**\*\* If yes to both, continue filling out application!!!!**

If no, you are not eligible for Homeowner Assistance Program.

**Applicant Information**

Applicant Name: \_\_\_\_\_ Tribal Enrollment No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Gender: \_\_\_\_\_ Race and Ethnicity: \_\_\_\_\_ District: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Mailing Address: (if different from above) \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Housing Company: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address of Housing Company: \_\_\_\_\_

**General Information**

3. Are you an enrolled member of the Hualapai Tribe Yes No

4. Do you reside on the Hualapai Indian Reservation? Yes No

5. Has anyone in your household been unemployed longer than 90 days? Yes No

6. Household size (total number of adults and minors in household): \_\_\_\_\_

**Past Due Mortgage, Delinquent Property Taxes Arrears:**

**Only** includes Delinquent Property Tax, Past Due Mortgage **incurred on or after January 21, 2020.**

**Arrears include:** interest charges and penalties accrued from the date on which the first missed payment after January 21, 2020 was due.

**Arrears does not include:** interest charges or penalties accrued for Loan Property Tax Arrears incurred before January 21, 2020.

### Household Composition

Please provide the following information on All members of the household:

Name	Date of Birth	Annual Monthly Income	Last four Digits SSN #	Income Source
1.				
2.				
3.				
4.				
5.				
Total Monthly Income		X 12 months= annual income		

### Annual Household Income

**Please note Hualapai Tribe Covid relief payments are not considered income.**

**Applicant must attach and submit a wage statement, Social Security benefit letter, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020 or 2021 most recent year,**

**Applicants are strongly encouraged to submit their most recent 2020 or 2021 IRS 1040 tax form, this is the preferred method of income verification, and this will greatly assist processing application.**

### Financial hardship

1. Do you or any individual in your household qualify for unemployment benefits? ☐ Yes ☐ No
2. Have one or more individuals in your household experienced any of the following financial hardship due, directly or indirectly, to the COVID-19 pandemic? (check all that apply)
  - ☐ A reduction in household income
  - ☐ Loss of Employment/Temporary Layoff/or Furlough
  - ☐ Reduction in hours/pay
  - ☐ Loss of self-employment/business income
  - ☐ Unable to work or experiencing financial hardship due to no child care/school or to care for family member
  - ☐ Over the age of 50 and enduring increased costs because of the COVID-19 pandemic
  - ☐ Disabled and enduring increased costs due to the COVID-19 pandemic
  - ☐ Incurred increased medical costs (hospital bills, medication costs, etc.)
  - ☐ Other financial hardship; list: \_\_\_\_\_

### Housing Instability

1. Does one or more individuals in your household face a risk of experiencing homelessness or housing instability, which may include (check all that apply):

- ☐ A past due mortgage with foreclosure notice  
☐ Any other evidence of such risk

- a. If you checked any of the boxes above, attach supporting documentation demonstrating each type of housing instability (e.g. foreclosure notice, or documentation of any other evidence of risk.)  
b. If you checked any of the boxes above, please describe the details of your housing instability:

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### A. Past Due Mortgage Payment Arrears

#### Do you have any Mortgage Payment Arrears?

(Check all that apply)

*If you check any of the boxes below, attach supporting documentation for each arrears payment (mortgage statements documents showing mortgage loan/property tax or utility costs arrears and interest accrued, etc., Tribal Members name must appear on each statement/bill)*

Do you have a forbearance plan with your mortgage company? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

Current Monthly Mortgage Payment Due: \$ \_\_\_\_\_

Name of Mortgage Company/Bank: \_\_\_\_\_ Loan Account #: \_\_\_\_\_

Are property taxes and insurance included in mortgage payment? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

#### MUST PROVIDE MONTHLY MORTGAGE STATEMENT/PAYMENT COUPON

- ☐ **Mortgage Arrears:** (Mortgage due after January 21, 2020 and not paid due to COVID 19 Pandemic)

Total amount in Arrears \$ \_\_\_\_\_

Please provide mortgage statement/coupon book from your lender

Provide Statement with current and past due fees.

Name of Association: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Submit copy of any invoices you are seeking payment for.

### B. Insurance Costs, Condo/HOA Fees and LIENS

**Do you expect to be unable to pay any Insurance Costs, HOA Fees and Liens?** (Expenses related to housing incurred due, directly or indirectly, to the novel coronavirus disease)

If you check any of the boxes below, attach supporting documentation for each housing expenses payment due.

#### Insurance Costs

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_

Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

#### Condo/HOA Fees

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_

Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

#### Lien

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_

Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### C. Homeowners Rehabilitation/Heating, Ventilation and Air Condition

**Please Provide 3 Bid Statements with costs of work and materials for the job.**

Name of Contractor: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Submit copy of any invoices you are seeking payment for.

Name of Contractor: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Submit copy of any invoices you are seeking payment for.



### Applicant Acknowledgements

**TO THE APPLICANT:** By signing this Form, you are certifying that you have not already received funding or benefit from Homeowner Assistance from any other source for the same assistance being applied for with this Form ("Duplicative Benefit"). If you have received such, Homeowner Assistance funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below:

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By my signature below, I hereby certify that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify Hualapai Housing Department of changes to my household's eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds for civil or criminal prosecution if Hualapai Housing Department determines it is appropriate to do so.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

### Additional Requirements

1. Applicants must sign a release of information form allowing the Hualapai Housing Department to verify any and all information required to participate in the COVID-19 Homeowner Assistance Fund.

### Attestation Applicant Acknowledgements

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual income, contact information, no longer qualifying for unemployment benefits, no longer experiencing a reduction in household income or other financial hardship, no longer facing a risk of homelessness or housing instability, or having a household income that is above 150 percent of the Area Median Income for the household.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

#### OFFICIAL USE ONLY

Approved: ☐ Yes ☐ No Reason: \_\_\_\_\_

Denial Communicated: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Fax: 928-769-2703

United State Post Service: Hualapai Housing Department, P.O. Box 130 Peach Springs, AZ 86434

Hand Deliver to 600 Highview Street, Peach Springs, AZ 86434. Place in Drop Box outside the door.

Questions and applications about this can be emailed to [Housing@Hualapai-nsn.gov](mailto:Housing@Hualapai-nsn.gov) or call 928-769-2274

**All required documents must be attached in order to be considered for assistance.**

**HUALAPAI HOUSING DEPARTMENT  
P.O. BOX 130, Peach Springs, AZ 86434**

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I/we, the undersigned, with this, authorize the HUALAPAI HOUSING DEPARTMENT and their agents to obtain any information, necessary, to process the Homeowner Assistance Fund (HAF) application. This information may be obtained from the following sources, and of the Programs of the HUALAPAI NATION, Federal, State, and Local governments and any of their agencies and representatives, Law Enforcement Agencies, Financial Institutions and current and prior landlords. This is not all inclusive and may include any additional agency, government, or private source, as deemed necessary by the HUALAPAI HOUSING DEPARTMENT and/or their agents.

I/we, the undersigned, with this, release the HUALAPAI HOUSING DEPARTMENT and/or their agents any requested information from the following agencies: Federal, State, And Local governments Law Enforcement Agencies, Financial Institutions, and current or prior landlords.

The information request may be given by fax, telephone, or in writing. This release is valid for fifteen (15) months from the date of the applicant's signature. This release is valid if photocopied and does not have to have an original signature.

**I/we have read the terms and conditions of the AUTHORIZATION FOR THE RELEASE OF INFORMATION and with this, give consent for the release of any requested information.**

\_\_\_\_\_  
PRINT NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
Last four of S.S.N. OF APPLICANT

\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
TODAY'S DATE

**All required documents must be attached in order to be considered for assistance.**

## **COVID-19 Homeowner Assistance Fund**

### **Form Checklist**

**Please review your application to make sure that it contains the following information:  
For all Applicants:**

#### **For All applicants you must submit the following:**

- ☐ Copy of Warranty Deed (Tribal Members name must be on the deed) OR lot lease if on Trust Land
- ☐ Tribal Verification (Tribal ID (can be expired), Certificate Degree of Indian Blood, Percapita statement with full name and Tribal ID number)
- ☐ Income Verification Documentation
- ☐ Signed Release of Information Form

#### **Submit the following documentation if applicable:**

- ☐ Documents showing current Mortgage amount, past due amounts (if any) and interest/penalties accrued or foreclosure notice
- ☐ Delinquent property tax statement with amount due after January 21, 2020, but not yet paid.
- ☐ Homeowners insurance/flood insurance (if applicable) statement (Tribal members name must be on billing statement)
- ☐ Statement for Homeowner/condo association fee
- ☐ Documents showing Utility Costs Arrears and interest/penalties accrued
- ☐ Current Utility bills showing current Utility Costs due (Entire Bill)
- ☐ Documents showing other housing expenses related to COVID-19 for which payments are due
- ☐ Copy of mortgage statement

**All required documents must be attached in order to be considered for assistance.**

**HUALAPAI HOUSING DEPARTMENT**  
**P.O. BOX 130, Peach Springs, AZ 86434**

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)**  
**2021 ANNUAL INCOME LIMITS:**  
*for Peach Springs / Mohave County and*  
**for HUALAPAI HOUSING DEPARTMENT**  
**ARP HOMEOWNERS ASSISTANCE FUND**

Income Category	Size of Household							
	1 Person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
<b>Extremely Low Income</b> (30% or less of HHD NAHASDA Median Income)	<b>21,700</b>	<b>24,800</b>	<b>27,900</b>	<b>30,950</b>	<b>33,450</b>	<b>35,950</b>	<b>40,120</b>	<b>44,660</b>
<b>Very Low Income</b> (50% or less of HHD NAHASDA Median Income)	<b>36,100</b>	<b>41,250</b>	<b>46,400</b>	<b>51,550</b>	<b>55,700</b>	<b>59,800</b>	<b>63,950</b>	<b>68,050</b>
<b>Low Income</b> (80% or less of HHD NAHASDA Median Income)	<b>44,744</b>	<b>51,136</b>	<b>57,528</b>	<b>63,920</b>	<b>69,034</b>	<b>74,147</b>	<b>79,261</b>	<b>83,374</b>
<b>Moderate Income</b> (100% or less of HHD NAHASDA Median Income)	<b>55,930</b>	<b>63,920</b>	<b>71,910</b>	<b>79,900</b>	<b>86,292</b>	<b>92,684</b>	<b>99,076</b>	<b>105,468</b>
<b>150% of the HHD NAHASDA Area Median Income (Three times the income limit for very low income families)</b>	<b>108,300</b>	<b>123,750</b>	<b>139,200</b>	<b>154,650</b>	<b>167,050</b>	<b>179,400</b>	<b>191,800</b>	<b>204,150</b>

